

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/30/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WIRICK (THE)

**434 4TH STREET, NORTH
SAINT PETERSBURG, FL 33701**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A second revisit to the complaint (complaint # 2020001849) survey of _____ was conducted at Wirick, The on _____. There were deficiencies identified at the time of the survey.	{A 000}		
{A 181} SS=G	59A-36.019(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in rule 59A-36.014, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency	{A 181}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER WIRICK (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 434 4TH STREET, NORTH SAINT PETERSBURG, FL 33701			
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{A 181}	Continued From page 1 management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to have an approved comprehensive emergency management plan (CEMP) which placed 32 of 32 residents that reside at the facility at risk. Findings Included: An attempted record review was conducted on _____ at 9:30a.m. of the facility's CEMP and no documentation could be provided by the facility. During interview conducted with the Maintenance Director on _____ at 9:31am he stated he was not sure if the Administrator had resubmitted another plan to the county for review or not. A phone interview was conducted on _____ at 9:35a.m. with the Administrator who stated he has is still awaiting the letter of approval from the City of Saint Petersburg Fire Department. After the fire department has sent him a letter of approval he can then submit his CEMP to the County Fire Department for review. Class II	{A 181}			